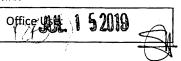


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information	a garage a strong strong strong st	
	Date: 7/8/2019 Type: Amended (if amending enter MEC ID C000621 Secretion shaped Deputy Tree		
Type. I New Ameridad (if ameridang, enter Micc ID & section changed			nged Departy Treasurer
2. Committee Information MO State Council of Fire Fighters PAC			
	Name of Committee 29210 SE County RD AA Blue Springs, MO 640 Committee Mailing Address, City, State, & Zip	14	₍ 573 ₎ 225-8221
		County Clerk or Board of Election Commission	Telephone Number
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (PA	AC) 🗆 Debt Service 🗀 Explo	oratory 🔲 Political Party
3.	Treasurer/Deputy Treasurer Information	医二氏皮肤 电放射性电流 医外腺管	
	Norman Baker	· · · · · · · · · · · · · · · · · · ·	
	Treasurer's Name (First & Last) 6645 State Highway 77 Benton, MO 63736 Treasurer's Mailing Address, City, State, & Zip	(573) 225-8221	()
	Sherwood Smith	Treasurer's nome releptione Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
	12900 E. 59th Terrace Kansas City, MO 64133 Deputy Treasurer's Mailing Address, City, State, & Zip	(816) 536-2662 Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	
	Connected Organization's Name (if-any)	Connected Organization's Mailing Address, Ci	
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)		oack) 🗆 No
٠.	Chera Bani, Account montano, (required by an committee)	residential and the second of the second	
	Nama 9. Marita- Address, Stey, Stote, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	数点存分。在10年10年2月
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees C	()
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees mo	ust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	ittees)	
■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575			
Committee Treasurer Candidate (Candidate Committees Only)			